## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 24, 2005 08:00 AM DOCUMENT # P96000079463 **Secretary of State** ROBERT C. KAIN, P.A. Principal Place of Business Mailing Address 750 SE 3 AVE 750 SE 3 AVE FT LAUDERDALE, FL 33316-1153 US FT LAUDERDALE, FL 33316-1153 US No Chg-P 03232005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0707227 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAIN, ROBERT C JR. DO NOT WRITE 750 SE 3 AVE 100 IN THIS SPACE FT LAUDERDALE, FL 33316 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE KAIN, ROBERT C JR. STREET ADDRESS 4050 N. 34TH AVE. CITY-ST-ZIP HOLLYWOOD, FL 33021 -1,00000275433 03/24/05-80053-009 15N.nn NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

Robset L. KAIN, IT pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-768-9002

Daytime Phone #